

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/553,906
Applicant : Thomas Bergman et al.
Filed : October 21, 2005
Title : HUMAN ALKALINE SPHINGOMYELINASE
AND USE THEREOF

Conf. No. : 1877
TC/A.U. : 1652
Examiner : Malgorzata A. Walicka

Customer No. : 000116
Docket No. : ALBI-41348

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SECOND REQUEST

Sir:

Enclosed please find a copy of the executed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (form PTO/SB/82) to be filed in the above-identified application. This request was originally mailed on May 31, 2007 and received by the PTO on June 4, 2007 (see enclosed copy of return receipt postcard No. 31319).

Please address all further correspondence to the undersigned attorney.

If there are any fees resulting from this communication, please charge such fees to our Deposit Account No. 16-0820, Order No. ALBI-41348.

Respectfully submitted,
PEARNE & GORDON LLP



Ronald M. Kachmarik, Reg. No. 34512

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January 18, 2008

81710

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/553,906
	Filing Date	
	First Named Inventor	Thomas Bergman
	Art Unit	
	Examiner Name	
	Attorney Docket Number	41348

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000116

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 000116

OR

<input type="checkbox"/> Firm or Individual Name	Skänninge		
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Country	Sweden		
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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Lena Nyberg</i>		
Name	Lena Nyberg		
Date	061030	Telephone	+46 40 313919

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Express Mail: _____ No. 31319
Inventor / Applicant: Thomas Bergman et al.
Title: human aspartate sphingomyelinase + lase therapy
Serial No. 10553, 906 Patent No. _____ Date: _____
Filed: May 31, 2007 Examiner: _____

Enclosed Are:

☐ **PATENT APPLICATION**

____ New Application Transmittal
____ Fee Transmittal (in duplicate)
____ Application Data Sheet
____ Declaration & Power Of Attorney _____ pgs.
____ Pgs. of Claims
____ Sheet(s) of Drawing(s)
____ Formal _____ Informal
____ Continuation or Division

☐ **ASSIGNMENT** _____ pgs.

____ Transmittal(s)
____ Original _____ Copies

☐ **INFORMATION DISCLOSURE**

____ PTO-1449 _____ Refs.

☐ **AMENDMENT** _____

in Response to Paper No. _____

Priority Documents _____ listed below

Other Transmittal letter filing the
Declaration of Power of Atty
where Power of Atty +
Change of Correspondence add and
copy of Return receipt postcard

CHECK(S) IN THE AMOUNT(S) OF \$3073

\$ _____ \$ _____

Client Code ACB Doc. No. 4518

Int. Ames Date 5/31/07

ACKNOWLEDGES RECEIPT OF:

